

No. 1-82**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to O'Connors Brothers Funeral HomeName of Deceased Hudson HoaglandAge 82 years months daysPlace of death 35 Deerfoot Rd SouthboroughDate of death March 4 - 1982
(Cremation) EsophagealCause of death Pulmonary Fibrosis Reflux +
AspirationInterment at Mount Auburn Cemetery CambridgeDate permit issued March 4, 1982Certified by Joel M. Seidman M.D.

No. 82-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to McConor BrothersName of Deceased Hudson HoaglandAge 82 years months daysPlace of death 135 Deerfoot Rd SouthboroDate of death 3/4/82Cause of death Pulmonary FibrosisEsophageal Reflux - AspirationInterment at Cremation - Mt Auburn CemeteryCambridge MassDate permit issued March 4, 1982Certified by Joel M Seidman M. D.

No. 2-82

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris=

Name of Deceased Helen L. Mahoney

Age 50 years months days

Place of death 15 Red Gate Lane

Date of death March 18, 1982

Cause of death Acute Myocardial Infarction
Hypothyroidism

Interment at Mt Auburn Cemetery Cambridge

Date permit issued March 23, 1982

Certified by Alfonso C. Salido MD M.D.

No. 3-82**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Rowe, Funeral HomeName of Deceased William H. BoswellAge 68 years months daysPlace of death 82 Mt. Vernon Rd SouthboroDate of death March 23- 1982Cause of death Myocardial infarction, SuddenInterment at Rural CemeteryDate permit issued March 23- 1982Certified by Paul Hart (Sterling) M.D.No. 3-82**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health - Agent
(Office issuing permit)r Town of Southborough Mass.of deceased William H. Boswell

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was
sed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)March 25-1982 - 11:00 AMfied by Rev. Bulfinch Supt. of Cemeteries
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

DATE USE ONLY
1.
PLACE 74
SPITAL 78
2.
E
TIVITY 20
DENCE 34
T OF
ATE 37
NSUS 41
ITOPSY
D. EXAM

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1 Ray		A.		Woodworth Jr.		2 M	3 March 30, 1982	
PLACE OF DEATH (CITY OR TOWN)			COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			IF IN HOSPITAL DOA (Yes or No)
4a Worcester			4b Worcester		4c Univ. of Mass. Medical Ctr.			Yes
RACE (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS	DATE OF BIRTH (Mo., Day, Yr.)		STATE OF BIRTH (If not in U.S.A., name country)		
5 White	6a 62	6b	6c	7 Jan. 9, 1920		8 Massachusetts		
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	SPOUSE (If wife, give maiden name)			USUAL OCCUPATION (Prior - If Retired)		KIND OF BUSINESS OR INDUSTRY		
9	10 Elizabeth Gray			11a Representative		11b Gas Company		
SOCIAL SECURITY NUMBER		IF U.S. WAR VETERAN SPECIFY WAR		RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE				
12 014-14-8264		13 WW II		14 619 Edgebrook Drive Boylston, Mass. 01505				
FATHER - FULL NAME			DATE OF BIRTH (If not in U.S.A., name country)		MOTHER NAME (GIVEN)		STATE OF BIRTH (If not in U.S.A., name country)	
15a A. Woodworth Sr.			15b Bakerville		16a Maybell G. Sullivan		16b Mass.	
INFORMANT - NAME AND ADDRESS							RELATIONSHIP	
17a Mrs. Ray A. Woodworth Jr. 619 Edgebrook Drive Boylston, Mass.							17b Widow	
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)		DATE OF DISPOSITION		PLACE OF DISPOSITION AND LOCATION		CITY OR TOWN STATE		
18a Burial		18b April 1, 1982		18c Rural Cemetery		Southboro, Mass.		
FUNERAL SERVICE LICENSEE			NAME OF FACILITY			ADDRESS OF FACILITY		
19a Donald C. Morris			19b Donald C. Morris F.H.			19c 40 Main St. Southboro, Mass.		
20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY)								Interval between onset and death
PART I (a) HEART DISEASE (PRESUMABLY CORONARY SCLEROSIS) DUE TO OR AS A CONSEQUENCE OF								SUDDEN
(b) DUE TO OR AS A CONSEQUENCE OF								Interval between onset and death
(c) DUE TO OR AS A CONSEQUENCE OF								Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)						AUTOPSY (Yes or No)		WAS CASE REFERRED TO MED EXAM (Yes or No)
21 NO						22 YES		
ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
23	24a		24b		24c			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET		CITY OR TOWN STATE	
24d	24e		24f		24g			
25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)					26a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)					DATE SIGNED (Mo., Day, Yr.)			
HOUR OF DEATH					HOUR OF DEATH			
25b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					26b PRONOUNCED DEAD (Mo., Day, Yr.)			
25c					26c			
25d					26d ON			
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)					26e AT			
27 N. SCARCELLLO MD ASS MED EXAM WORCESTER MASS					28			
29 BURIAL PERMIT ISSUED ON 3-31-82					29 RECEIVED IN THE CITY OR TOWN OF Robert J. O'Keefe			
SIGNATURE-BD HEALTH AGT					MAR 31 1982			
					CLERK'S SIGNATURE: (DATE RECEIVED)			

1500

STATE USE
ONLY

1.

Rec'd
Do not assign number
July 16, 1982

72 PLACE 74

DECEDENT

75 HOSPITAL 78

2.

9 RACE

INFORMANT

DISPOSITION

19 NATIVITY 20

32 RESIDENCE 34

CAUSE OF
DEATH

OUT OF
STATE 37

38 CENSUS 41

42 AUTOPSY

CERTIFIER

43 MED. EXAM.

BLACK INK ONLY

R-301R

156

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1. <u>ALFRED</u>		<u>W.</u>		<u>ERLANDSON</u>		2. <u>MALE</u>	3. <u>JUNE 17, 1982</u>	
PLACE OF DEATH (CITY OR TOWN)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)				IF IN HOSPITAL D.O.A. (Yes or No)
4a. <u>WORCESTER</u>		4b. <u>WORCESTER</u>		4c. <u>St. VINCENTS Hosp.</u>				4d. <u>23hr</u>
RACE (e.g., White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.)		STATE OF BIRTH (If not in U.S.A., name country)		
5. <u>WHITE</u>	6a. <u>54</u>	6b.	6c.	7. <u>JAN 3, 1928</u>		8. <u>MASS.</u>		
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	SPOUSE (If w.f.e. give maiden name)		USUAL OCCUPATION (Print - If Retired)		KIND OF BUSINESS OR INDUSTRY			
9. <u>MARRIED</u>	10. <u>MINNIE MAY ROBINSON</u>		11a. <u>MACHINIST</u>		11b. <u>POWER EQUIPMENT</u>			
SOCIAL SECURITY NUMBER	IF U.S. WAR VETERAN SPECIFY WAR	RESIDENCE - STREET AND NUMBER CITY OR TOWN, COUNTY, STATE, ZIP CODE						
12. <u>016-22-7459</u>	13. <u>KOREA</u>	14. <u>23 FLANDERS Rd WESTBORO MASS 01581</u>						
FATHER - FULL NAME		STATE OF BIRTH (If not in U.S.A., name country)		MOTHER - NAME (GIVEN) MAIDEN)		STATE OF BIRTH (If not in U.S.A., name country)		
15a. <u>HILDING G. ERLANDSON</u>		15b. <u>SWEDEN</u>		16a. <u>HAZEL WHEELLOCK</u>		16b. <u>VERMONT</u>		
INFORMANT - NAME AND ADDRESS							RELATIONSHIP	
17a. <u>M. MAY ERLANDSON 23 FLANDERS Rd WESTBORO MASS</u>							17b. <u>WIFE</u>	
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)		DATE OF DISPOSITION		PLACE OF DISPOSITION AND LOCATION		CITY OR TOWN STATE		
18a. <u>BURIAL</u>		18b. <u>JUNE 24, 1982</u>		18c. <u>RURAL Cemetery</u>		18d. <u>SOUTHBORO MASS</u>		
FUNERAL SERVICE LICENSEE		NAME OF FACILITY		ADDRESS OF FACILITY				
19a. <u>WARREN A. RAND</u>		19b. <u>RAND & HARPER</u>		19c. <u>WESTBORO MASS</u>				
20. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY)							Interval between onset and death	
PART I (a) <u>respiratory arrest</u>							<u>minutes</u>	
DUE TO OR AS A CONSEQUENCE OF							Interval between onset and death	
(b) <u>metastatic lymphoma</u>							<u>months</u>	
DUE TO OR AS A CONSEQUENCE OF							Interval between onset and death	
(c) <u>acute renal failure</u>							<u>hours</u>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)							AUTOPSY (Yes or No)	
							21. <u>yes</u>	
							22. <u>no</u>	
ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
23.		24a.		24b. <u>M</u>		24c.		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET		CITY OR TOWN STATE
24d.		24e.		24f.				
25a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated				26a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated				
(Signature and Title) <u>Teri S. Pollack MD</u>				(Signature and Title) <u>Teri S. Pollack MD</u>				
DATE SIGNED (Mo., Day, Yr.)				HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		
25b. <u>6/17/82</u>				25c. <u>10:26 pm</u>		26b. <u>ON</u>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)		
25d. <u>Herbert Dean</u>				26c. <u>AT</u>		26d. <u>ON</u>		
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)								
27. <u>St Vincent Hosp (Teri S. Pollack) Worcester, MA 01509</u>								
28. BURIAL PERMIT ISSUED ON <u>6/19/82</u>				29. RECEIVED IN THE CITY OR TOWN OF <u>WORCESTER</u>		JUN 23 1982		
(DATE) <u>André J. Givens</u>				OFFICIAL'S SIGNATURE <u>Robert A. O'Keefe</u>		(DATE RECEIVED)		
SIGNATURE-BD HEALTH AGT.								

SIGNATURE-BD HEALTH AGT.

Commissioner of Public Health

(DATE RECEIVED)

No. 4-82.....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Donald DezarusAge 58 years..... months..... daysPlace of death 92 Oak Hill Road, JayvilleDate of death June 19, 1982Cause of death Emphysema, Bronchitis,
Chronic, left Phrenic ParesisInterment at Rural Crematory, WorcesterDate permit issued June 20, 1982Certified by Lincolnton P. Stone.....M.D.

Re-interment

R309, 100M-10-80-156788

No. 5-82.....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris.....

Name of Deceased Francis Moran Finn.....

Age 70..... years..... months..... days

Place of death Winter Park - Florida.....

Date of death October 3, 1979.....

Cause of death Heart Disease.....

Interment at Palm Cemetery, Winter Park, Florida.....

Date permit issued August 31, 1982.....

Certified byM.D.



The Commonwealth of Massachusetts

JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

No. 5-82

Division of
Vital Statistics

COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 48, General Laws, as amended.)

BOARD OF HEALTH, Southborough

(city or town)

8/31

(date)

1982

A removal permit, properly endorsed, has been received for the removal from
Southborough, Massachusetts (city or town) and the interment
(state)

at Palm cemetery in Winter Park Florida
of the body of Francis Maran Finn
(full name of deceased)

who died 10 3 1979 Age 70 years months days.
(month, day and year)

Cause of death (if known) Heart Disease

Residence at time of death Winter Park Florida

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Sonia A. Torcolante
(Copy prepared by)

Agust
(Title)

PREPARE IN DUPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried. RETURN original removal permit to city or town of origin.

No. 6-82**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Lena Ann RossiAge 68 years months daysPlace of death 7 New Hill Rd SouthboroDate of death November 25, 1982Cause of death Carcinoma of CervixInterment at Rural CemeteryDate permit issued November 27, 1982Certified by Timothy P Stone M.D.No. 82-6**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health
(Office issuing permit)Town of Southboro Mass.of deceased Lena Ann Rossi

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
deposited in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)November 29 - 1982 - 11:00 AMSigned by Leo Bertoni, Supt. of Cemeteries
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-83**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris
Caroline M. PinoName of Deceased Caroline M. PinoAge 72 years months daysPlace of death 8 Oak Hill RoadDate of death 3/26/83Cause of death Extensive 4th degree burns
found dead in living room
house fireInterment at St. Michael's Cemetery, HudsonDate permit issued March 28/ 1983Certified by Robert Rittenhouse M.D.No. 83-1**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)Town of Southborough Mass.of deceased Caroline M. Pino

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsSt. Michael's Cemetery
(Name of cemetery or crematory) (City or town)3-29-83Signed by Robert L. Quinn
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 83-2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Roland R. FricaultAge 65 years..... months..... daysPlace of death 6 Newton St. SouthboroDate of death 6/7/83Cause of death Cancer Esophagus Larynx 6moInterment at Rural CemeteryDate permit issued June 10, 1983Certified by J. Hae/Stev Solomon M.D.No. 83-2**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)Town of Southborough Mass.of deceased Roland R. Fricault

S. War Veteran, specify what war, organization, etc.

I Air Force 4147 AAF Bu**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was
ed of in accordance with its termsural Cemetery Southboro
(Name of cemetery or crematory) (City or town)June 10-1983 - 11:00 AMed by Leo Buttrick, Supt. of Cemeteries
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

83-4

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Donald C Morris

Name of Deceased

Leon J. Pontriband

Age

73

years

months

days

Place of death

47 Boston Rd Southborough

Date of death

October 21, 1983

Cause of death

Coronary Occlusion
Intermittent claudication Heart Disease
Diabetes mellitus

Interment at

Rural Cemetery

Date permit issued

October 24, 1983

Certified by

Salvatore Taschetta M.D.

No.

4-83

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Agent = Board of Health
(Office issuing permit)

r Town of

Southborough

Mass.

of deceased

Leon J. Pontriband

J. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sent off in accordance with its terms

Rural Cemetery

(Name of cemetery or crematory)

Southboro

(City or town)

October 25-1983 - 9:50 AM

fied by

Joe Belling

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 83-6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Margaret H. BarberAge 73 years months daysPlace of death 25 Marlboro Rd. SouthboroughDate of death Dec. 12, 1983Cause of death Metastatic Cancer of the BladderInterment at Rural CemeteryDate permit issued December 15, 1983Certified by Peter M. Brem M.D.No. 83-6**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Margaret H. Barber

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRural Cemetery Southborough
(Name of cemetery or crematory) (City or town)December 18, 1983 - 2:10 PMCertified by For Burial, Supt. of Cemeteries
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 83-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Roberts Mitchell Funeral Services
15 Miller St. Medfield MassName of Deceased Harold Melville WakefieldAge 68 years 01 months 01 daysPlace of death 41 Oregon Rd. SouthboroughDate of death Dec 22 - 1983Cause of death Carcinoma of lungInterment at Prospect Hill Cemetery, Miller MassDate permit issued 12/23/83Certified by Timothy P. Stone M.D.No. 84-1**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health
(Office issuing permit)Town of Southborough Mass.of deceased HAROLD MELVILLE WAKEFIELD

U. S. War Veteran, specify what war, organization, etc.

NO**ENDORSEMENT***(To be filled in by cemetery or crematory official)*reby certify that the body accompanying this permit was
ed of in accordance with its termsProspect Hill Cemetery Millis
(Name of cemetery or crematory) (City or town)

December 24, 1983

ied by Robert Leslie (sm)
Robert Leslie, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 84 -**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to - Board of Health - Agent
(Office issuing permit)City or Town of Southborough Mass.Name of deceased William J. Beaucage Jr.

If a U. S. War Veteran, specify what war, organization, etc.

Korean, U.S. Navy (SN USNR R)

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.at
(Name of cemetery or crematory) (City or town)**FEB 27 1984**

on

Certified by Arthur T. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL-TRANSIT PERMIT

(Type or Print)

Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Catherine	W.	Barker	May 3, 1984			
Place of Death	City, Town or Location			Name of (If neither, give street address)			
County	Polk			Lakeland Regional Medical Center			
Name of Medical Certifier	Amir Ahmad, M.D.			Address			
				4710 So. Florida Avenue, Lakeland 33803			
Funeral Home/	Name			Address			
XXXXXXXXXX	Heath Funeral Chapel, Inc., 328 So. Ingraham Avenue, Lakeland, Florida			33801			
Check Appropriate Box	a <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b <input type="checkbox"/> _____ was contacted on _____. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death.						
	c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.						
Funeral Director/	Signature			Fla. Lic. No./Reg. No.		Date Signed	
XXXXXXXXXX	<i>John E. Helt</i>			567		May 3, 1984	

BURIAL-TRANSIT PERMIT

Permit No. 249-101

Permission is hereby granted to dispose of this body.

- ☐ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted. If it cannot be filed within this time limit, a "Funeral Director/Direct Disposer Report" will be filed with the local Registrar of the County in which death occurred.

Registrar or Sub-Registrar Signature *John G. Robinson* Date Issued May 3, 1984

AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature _____, Medical Examiner Date _____

Medical Examiner's Office - Jody Drake, gave authorization by telephone to John G. Robinson
Funeral Director/~~XXXXXXXXXX~~ Date May 4, 1984/3:58 P.M.

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

CEMETERY OR CREMATORY

Method of Disposition: ☐ BURIAL ☐ STORAGE ☒ CREMATION ☐ OTHER (Specify) _____

Place of Disposition Polk County Crematory
Date of Disposition May 7, 1984

Signature of Sexton or Person-in-Charge *Larry H. Lambert*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

Crematorium No.

84-159

Certificate of Cremation

THIS CERTIFIES that the remains of

Catherine W. Barker

Age 73, who died May 3rd, 19 84,

was cremated at Polk County Crematory,

Lakeland, Florida, on May 7th, 19 84,

and these are the cremated remains of said deceased.

Polk County Crematory

by

Long H. Lowman

Funeral Director

Heath Funeral Chapel

Lakeland, Florida

No. 84-2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Thomas E. YoungAge 61 years 9 months 1 daysPlace of death 14 Oak Hill Rd
Jayville Mass.Date of death September 13 1984Cause of death Cardiomyopathy, Obesity
malnutrition & HypertensionInterment at Mt Adnah, GloucesterDate permit issued September 15, 1984Certified by Timothy R. Stone M.D.No. 84-2**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)r Town of Southborough Mass.of deceased Thomas Edward Young

I. S. War Veteran, specify what war, organization, etc.

II. U.S. Navy

ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was
ed of in accordance with its termsMT. Adnah Gloucester
(Name of cemetery or crematory) (City or town)9/17/84
Albert L. West Jr.
ed by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 84-3**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Richard O. HuntAge 53 years months daysPlace of death 172 Woodland Rd, SouthboroDate of death October 20, 1984Cause of death Malignant Melanoma, Metastatic
Malignant MelanomaInterment at Rural CemeteryDate permit issued October 22, 1984Certified by Timothy P. Stone M.D.No. 84-3**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent-Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased Richard O. Hunt

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sent of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)October 23-1984 - 2:35 PMSigned by Timothy P. Stone Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

84-4

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Donald C. Morris

Name of Deceased

William Isaac Barker

Age

83

years

1

months

days

Place of death

94 Oak Hill Rd Southborough

Date of death

November 1, 1984

Cause of death

Cardiac Arrhythmia

Coronary Sclerosis

Arteriosclerotic Heart Disease

Interment at

St Paul's Church Cemetery, Paris Hill
N. H.

Date permit issued

November 2, 1984

Certified by

J. P. Stone

M.D.

No.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Agent - Board of Health
(Office issuing permit)

Town of

Southborough

Mass.

of deceased

William I. Barker

S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its terms

(Name of cemetery or crematory)

(City or town)

Signed by

Craig A. Lee

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No.

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

..... Southboro, Mass. Nov. 2, 19 84
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

.. Donald C. Morris 40 Main Street Southboro, Mass.
(Name) (Address)

for the removal from .. Southboro, Mass., and the interment
St. Pauls Church (To be filled out in case of removal)
at Cemetery in Paris Hill, N. Y., of the

body of .. William I. Barker who died Nov. 1, 19 84
(Give full name of deceased) (Month) (Day) (Year)

age .. 83 years, .. 1 months, .. 5 days.

Cause of death .. Cardiac Arrhythmia

If a U. S. War Veteran, specify what war, organization, etc. None

94 Oak Hill Rd. Southboro, Mass.
Residence at time of death

.....
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 84-5

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wadsworth Funeral HomeName of Deceased Jean M. O'BrienAge 59 years months daysPlace of death 10 E Main Street, SouthboroughDate of death November 8-1984Cause of death Esophageal Carcinoma
Metastatic CarcinomaInterment at Rural CemeteryDate permit issued November 14, 1984
William M. Carleton, M.D.Certified by Coleman H. Leven M.D.

No. 84-5

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough 01772 Mass.of deceased Jean M. O'Brien

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsNewton Crematory, Newton, MA.
(Name of cemetery or crematory) (City or town)November 15, 1984ified by Michael P. G. [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

84-6

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Merritt Carleton Funeral HomeName of Deceased Laurence Edward Lamson, Sr.Age 74 years months daysPlace of death 96 Mt. Vichery Rd. SouthboroughDate of death Nov 14 - 1984Cause of death Coronary Sclerosis
Q544 D - HT.Interment at South Cemetery - BerlinDate permit issued November 15, 1984Certified by Linsley G. Stone M.D.

No.

84-6

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)Town of Southborough Mass.of deceased Laurence E. Lamson, Sr.

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sent off in accordance with its termsSouth Cemetery Berlin
(Name of cemetery or crematory) (City or town)Nov. 17, 1984Signed by John R. Nottingham, Agent
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 84-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Bullbrook Funeral Home
1505 Blue Hill Ave Mattapan Mass

Name of Deceased Alex Gordon Dunn Jr

Age 36 - years months days

Place of death Sudbury Research
December 1, 1984

Date of death 12/1/84

Cause of death Asphyxia; Drowning,
Accident

Interment at Dorset Hills Cemetery

Date permit issued 12/4/84

Certified by Timothy P. Stone M.D.

No. 84-7**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agnt- Board of Health
 (Office issuing permit)

or Town of Southborough 01772 Mass.

of deceased Alex Gordon Dunn Jr

U. S. War Veteran, specify what war, organization, etc.

ne 5, 1968 - Korea

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was
 sed of in accordance with its terms

DORSET HILLS CEMETERY
 (Name of cemetery or crematory) (City or town)

DEC 8 1984

filed by Hazel D. Marshall
 (Signature of Superintendent of Cemetery or Crematory) Treas.

If there is no officer in charge, undertaker should sign and return this stub.

No. 84-8**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to J.B. Johnson Funeral Home
190 St. - Roxbury
 Name of Deceased Herman J. Langham
 Age 40 years months days

Place of death Sudbury Reservoir

Date of death 12/1/84

Cause of death Asphyxia
Drowning, Accident

Interment at Forest Hills, Boston, Ma.

Date permit issued Dec 4 - 1984

Certified by Timothy P. Stone M.D.

No. 84-8**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Town of Southborough
 (Office issuing permit)
 r Town of Southborough 01772 Mass.
 of deceased Herman J. Langham
 J. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was
 ed of in accordance with its terms

FOREST HILLS CEMETERY
 DEC 6 1984
 (Name of cemetery or crematory) (City or town)

ified by Hazel T. Marshall Treas.
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 84-9**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Edward Mowry ShermanAge 88 years months daysPlace of death 41 White Bagley Rd
SouthboroughDate of death December 5, 1984Cause of death Arteriosclerotic Heart Disease
Bedridden Fractured hipInterment at Forest Vale Cemetery, HudsonDate permit issued December 7, 1984Certified by Timothy P Stone M.D.No. 84-9**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased Edward M. Sherman

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used of in accordance with its termsForest Vale Hudson
(Name of cemetery or crematory) (City or town)Dec 7 1984ified by James O'Brien
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-85**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Hilma BridgesAge 88 years months daysPlace of death 8 Lyman St. SouthboroDate of death Coronary Sclerosis - A.S.H.D.Cause of death Dec 30 - 1984Interment at Rural CemeteryDate permit issued January 3, 1985Certified by Timothy P. Stone M.D.No. 1-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed.

to Agent - Board of Health
(Office issuing permit)r Town of Southborough Mass.of deceased Hilma BridgesU. S. War Veteran, specify what war, organization, etc.
None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)January 3 - 1984 11:30 AMSigned by Timothy P. Stone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2-85**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased William E C YellandAge 77 years months daysPlace of death 42 Woodland Rd SouthboroDate of death January 27, 1985Cause of death Coronary Sclerosis Arrhythmia
A.S.H.D. AS Cirrhosis, HepaticInterment at Rural Cemetery Worcester
CrematedDate permit issued January 29, 1985Certified by Kimberly P. Stone M.D.No. 2-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased William E.C. Yelland

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used of in accordance with its termsRURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

(City or town)

JAN 30 1985ified by Arthur T. Standen Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3-85**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Roland J. TurgeonAge 75 years months daysPlace of death 49 Boston Rd Southboro
Coronary Heart DiseaseDate of death Atherosclerosis
Jan 28-85Cause of death Coronary Heart DiseaseInterment at St. Stephens Cemetery
GraftonDate permit issued January 29, 1985Certified by Robert Sumner M.D.

No.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased Roland J. Turgeon

U. S. War Veteran, specify what war, organization, etc.

W. II Hqtrs Co Armored Repl T. Ctr**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used in accordance with its termsSt. Stephens Cemetery Framingham
(Name of cemetery or crematory) (City or town)30 JANUARY 1985
Signed by Richard Bailey
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 4-85**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Isabel Muriel KimballAge 75 years 0 months 0 daysPlace of death Coronary Sclerosis Coronary Heart Disease 4 yr.Date of death Feb. 26, 1985Cause of death Place 49 Boston Rd SouthboroInterment at Cremation Rural CemeteryDate permit issued February 28, 1985Certified by Timothy P. Stone M.P.No. 4-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Southboro Agent
(Office issuing permit)or Town of Southboro Mass.Name of deceased Isabel M. Kimball

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**

(Name of cemetery or crematory)

(City or town)

MAR 4 1985

Certified by Arthur T. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5-85

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Burton Summers FuneralName of Deceased Barbara A. McGrathAge 58 years months daysPlace of death 49 Boston Rd. SouthboroDate of death March 15 - 1985Cause of death Acute (Relapsed) leukemia
Leukemia, Gen. leukemiaInterment at St. Luke's Cemetery, WestboroDate permit issued March 17, 1985Certified by Frank Coco, M.D. M.D.

No. 5-85

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to HEALTH DEPT.
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased BARBARA A. McGRATH

If U. S. War Veteran, specify what war, organization, etc.

NO**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsAt St. Luke the Evangelist Westborough, MA
(Name of cemetery or crematory) (City or town)March 18, 1985Signed by Dean Barry Pastor
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-6

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John P. Rowe IncName of Deceased Nadine
Marcia N. McElhennyAge 51 years months daysPlace of death off Framingham Rd
undeterminedDate of death 1982
undeterminedCause of death undeterminedInterment at Evergreen Cemetery, MarlboroDate permit issued April 30Certified by Timothy P. Stone M.D.

No. 85-6

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent: Board of Health
(Office issuing permit)or Town of Southborough Mass.e of deceased Marcia Nadine McElhenny

U. S. War Veteran, specify what war, organization, etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
posed of in accordance with its termsEvergreen - Marlboro
(Name of cemetery or crematory) (City or town)May 1, 1985
[Signature]
ified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Esther Bessie HurleyAge 85 years months daysPlace of death 102 Newton St. SouthboroDate of death June 7, 1985Cause of death Coronary Sclerosis
Interwoven to Heart & LungsInterment at Wilson Cemetery, MarlboroDate permit issued June 10, 1985Certified by Kimberly R Stone M.D.No. 7-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)r Town of Southboro, Mass.of deceased Esther B. Hurley

J. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsWilson Cemetery - Marlboro
(Name of cemetery or crematory) (City or town)June 11, 1985Signed by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-8**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John Everett & SonsName of Deceased Robert E. JohnsonAge 36 years months daysPlace of death (Melanoma Metastatic Lung)Date of death 21 Break Neck Hill RdCause of death SouthboroInterment at Deer Park Cemetery NatickDate permit issued August 2, 1985Certified by Alan Krikorian M.D.No. 85-8**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent: Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased Robert E. Johnson

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsDeer Park Cemetery Natick Mass.
Name of cemetery or crematory (City or town)Aug 15 - 1985Signed by Yordan F. Peterson Supt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 8-85**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to

Agent Dan D. Hawth
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Daniel A. Pope

If a U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory) (City or town)on September 18-1985 - 10:30 AMCertified by For Butting, Supt. of Cemeteries
(Signature of Superintendent, cemetery or crematory)If there is no officer in charge, undertaker⁸ should sign and return this stub.

No. 85-9**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased John Peter BezakasAge 68 years months daysPlace of death Maple St JayvilleDate of death Nov 19, 1985Cause of death Ethanol (Chronic)
ArteriosclerosisInterment at Rural Cemetery, SouthboroDate permit issued November 22, 1985Certified by Imothy P Stone M.D.

9

No. 9-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased John Peter Bezakas

U. S. War Veteran, specify what war, organization, etc.

II HQ CO 2525th Service Unit**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
used of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)November 23-1985 11:00 AMified by Ear Bunting, Supt. of Cemeteries
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Thomas D Anderson

Age 54 years months days

Place of death 9 East Main St Southboro, MASS

Date of death Nov 28, 1985

Cause of death Cardiac Pulmonary Artery Mesothelioma

Interment at Rural Cemetery, Southborough

Date permit issued Dec 1, 1985

Certified by Kenneth H. Thompson Jr M.D.

9

No. 10-85

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)

or Town of Southborough Mass.

e of deceased Thomas Donald Anderson

U. S. War Veteran, specify what war, organization, etc.

ean, 102nd Engr. (H.L.) Co.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
used of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)

December 2 - 1985 12:00 Noon

ified by Joe Burlingame Supt of Cemeteries
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-11**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to M^W Gerald Lehman Funeral Home
569 Cambridge St - Boston - 02134

Name of Deceased Jules D. Charbonnier

Age 75 years 34 months 34 days

Place of death 34 Southville Rd Southboro
Rural Cell Carcinoma with Metastases

Date of death November 30 - 1985

Cause of death Diabetes Compromised Heart Disease
Renal Cell Carcinoma & Metastases

Interment at Rural Cemetery Southboro

Date permit issued December 3 - 1985

Certified by Timothy B. Stone M.D.

No. 11-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent- Board of Health
 (Office issuing permit)

Southborough
 or Town of Mass.

of deceased Jules David Charbonniere

U. S. War Veteran, specify what war, organization, etc.

World War II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
 used of in accordance with its terms

Rural Cemetery Southboro
 (Name of cemetery or crematory) (City or town)

December 4 - 1985 12:15 PM

ified by See Burial Superintendent
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts

AFFIDAVIT

FOR DISPOSITION OF DECEASED VETERANS

Chapter 604, Acts of 1949

THE COMMONWEALTH OF MASSACHUSETTS, COUNTY OF Middlesex SS.

THE UNDERSIGNED SAYS TO THE BEST OF HIS KNOWLEDGE AND BELIEF THAT

Jules D. Charbonnier
Name of Veteran
34 Southville Rd. Southboro, Mass. 01772
Last Known Address
March 29, 1910
Place of Birth
Boston, Mass.
Date of Birth
November 30, 1985 At Home
Date and Place of Death
Renal Cell Carcinoma with Metastases
Cause of Death
Mrs. Alda Charbonnier
Name and Address of Nearest of Kin and Relationship
34 Southville Rd. Southboro, Mass. 01772

SIGNED UNDER THE PENALTIES OF PERJURY

December 29, 1943
Date of Enlistment
December 20, 1945
Date of Discharge
A A.S.
Rank or Rating
U.S. Navy
Organization
803-50-82
Service Number
December 4, 1985 Southboro Rural Cemetery
Date and Place of Burial or Cremation
Southboro, Mass.
SEC _____ LOT _____ GR. NO. _____ PATH _____
Location of Grave
SIGNED BY *William J. [Signature]*
ADDRESS 569 Cambridge St., Brighton, Mass. 02134